

ARIZONA STATE BOARD OF NURSING - CANDO PROGRAM
4747 NORTH 7TH STREET, SUITE 200
PHOENIX, ARIZONA 85014-3655
(602) 771-7865 FAX (602) 771-7882

AFTERCARE REPORT

CLIENT'S NAME: _____ DATE: _____
COUNSELOR: _____ AGENCY: _____
ADDRESS: _____ PHONE NUMBER: _____

TIME PERIOD FOR THIS REPORT: FROM: _____ TO: _____

This client is required through a Stipulated Agreement with the Arizona State Board of Nursing CANDO Program, the Board's alternative to discipline program, to submit this report every other month. It is the client's responsibility to allow you adequate time to complete and return this form. Your input is vital to the monitoring process of this nurse. Please thoughtfully complete this form and return it to CANDO in a timely manner. You may choose to complete it with your client in attendance.

Date of first Aftercare session: _____

Number of sessions attended since last report: _____

Number of sessions missed since last report and reasons: _____

If absent, did the client inform you ahead of time in a responsible manner: ☐ Yes ☐ No

Has the client taken an active and motivated role in his/her work with you: ☐ Yes ☐ No

Does the client show evidence of regular attendance in a 12-step program: ☐ Yes ☐ No

Is the client gaining an understanding of relapse warning signs: ☐ Yes ☐ No

Does the client have a positive attitude toward being in your program: ☐ Yes ☐ No

Have you been aware of any signs of depression or suicidal thoughts: ☐ Yes ☐ No

To the best of your knowledge, do you believe the client is maintaining abstinence from all mind altering or addictive substances, including alcohol? ☐ Yes ☐ No

Please comment or describe any concerns you have regarding the client at this time and your recommendations regarding these concerns:

Counselor Signature: _____